The NHS Employers submission to the Migration Advisory Committee (MAC) call for evidence

Partial review of the shortage occupation list: Nurses

Our organisation represents the whole range of views from across employing organisations in the NHS in England on workforce issues, and supports employers to put patients first.

NHS Employers is the accountable and representative voice of employers and is part of the NHS Confederation.
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Our approach

We have structured our response to mirror the two overarching questions posed in the call for evidence:

- Is nursing in shortage?
- Is it sensible to use overseas recruitment to fill this gap?

To inform our submission and our recommendations we have undertaken a new survey of NHS provider organisations in England during November 2015. This is the largest survey of its type with responses received from 147 NHS provider organisations across all parts of the NHS in England – a 61 per cent response rate. Appendix 1.

We also reference our previous nurse supply and demand survey published in May 2014 which collected data as at January 2014. Appendix 2.

We have used the quantitative and qualitative data from these two surveys alongside intelligence from our engagement with employers to respond to the questions posed within the call for evidence document.

Our organisation’s remit is to represent the views of NHS employers in England. We work closely with partner organisations across the health and care system because in order for the NHS to work effectively, all other employers need to be able to secure the appropriate numbers of staff to fulfil their role and function. We share a common aim to see nursing recognised as a shortage and for it be entered onto the shortage occupation list.

Key messages

The significant gap between supply and demand for nurses in the NHS in England is causing on-going concern for employers as they try to deliver high quality, timely care within the available finance.

Shortages of nurses are across England, in all fields of practice and all types of organisation.

- 93 per cent of respondents to the survey reported they have a supply-demand gap.
- 78 per cent of all vacancies of more than three months are in the field of adult nursing.
- 88 per cent of these are adult nursing vacancies at Agenda for Change (AfC) band 5.

We know that the adult nursing shortages faced in the NHS are shared by colleagues in the independent health sector and social care.

We share a common view with partners that the high level of vacancies in adult nursing cannot be bridged entirely through return to practice programmes, increasing nurse training commissions and active work on retention. Overseas recruitment forms a critical component of being able to meet the demand and deliver high quality patient care.

NHS organisations are actively working to reduce turnover – we cannot afford for the gap to get bigger. Flexible working, employee health and wellbeing, skills development and using pay flexibilities are all forming part of local strategies to support staff retention.
Overall position

Our overall recommendation is for adult nurses to be included on the shortage occupation list as meeting the shortage and sensible test.

Shortage: there is evidence that the following fields of nursing are in shortage across England:

- adult nurses (across all areas of practice e.g. theatres, A&E, critical care, surgery, elderly, medicine, community)
- children’s nurses
- mental health nurses
- learning disabilities nurses

Sensible: we have data to support that each field of nursing is experiencing shortages and in accordance with this review we have looked at whether it is sensible to seek the recruitment and employment of nurses from outside the European Economic Area (EEA) to fill that gap.

We have also looked at the action being taken to increase the nursing workforce supply in England and the expected lead in time in order for this to come to fruition.

We do not consider the following occupations which are in shortage to meet the ‘sensible’ test. This is because of the limited supply from outside of the EEA or the ability to obtain Nursing and Midwifery Council (NMC) registration to be able to practise in the UK at this time.

- children’s nurses
- mental health nurses
- learning disabilities nurses.
DEMAND FOR NURSES

1. What are the overall trends in recruitment of foreign born nurses in recent years?

Where possible, NHS organisations seek to fill vacancies from within the UK labour market and then from within the EEA. As it becomes more difficult to source the number of nurses required we are starting to see an increase in activity outside of the EEA.

The published registration data which shows the numbers of nurses who have gained registration with the NMC indicates the country in which the qualification has been gained as opposed to country of birth. The broad categories used are UK qualified, EEA qualified, non-EEA qualified.

The data is attached as appendix 3 and shows an increase in new applications to the NMC register for EEA qualified registrants between 2008 and 2014. At the same time there has been a decrease in new applicants to the register from outside of the EEA.

We started to see an increase of non-EEA recruitment activity from 2014 as a result of the severe shortage problem across the NHS and insufficient supply available within the EEA. We would expect to see the NMC registration data change to reflect this although it is likely to be mid-2016 before this is visible due to the timeframe to progress through the registration phase.

From our survey employers told us that over the last 12 months:

- 63 per cent (92 organisations) have actively recruited from outside of the UK
- 62 per cent (57 organisations) have targeted only EEA countries
- 30 per cent (28 organisations) have targeted their recruitment in both the EEA and non-EEA countries
- And 8 per cent (7 organisations) have only targeted non-EEA countries.

Spain, Portugal and Italy have been the main countries to undertake recruitment whilst Philippines and India feature as the main two countries visited to recruit from outside of the EEA.

In our May 2014 published survey it showed that as at January 2014:

- 45 per cent of respondents (49 organisations) had actively recruited from outside of the UK in the previous 12 months
- 96 per cent of this activity had been within the EEA (mainly Spain, Portugal and Ireland).

In the same survey, 51 per cent (56 organisations) said they were actively considering recruiting from outside of the UK in the next 12 months, predominantly planned within the EEA - Spain, Portugal and Ireland.

Over the course of 2014 and into early 2015 we started to see a trend of employers looking beyond the EEA to recruit nurses. At the same time we know that Ireland have started a campaign to attract Irish trained nurses back to Ireland.
Many employers reported throughout 2014-15 that the pool of available nurse colleagues from within the EEA was smaller than in previous years and that the profile of the candidates had changed.

The available supply from Spain and Portugal was largely created through difficult economic circumstances in those countries. It is reasonable to assume that supply is finite. In 2015 the most popular countries visited to recruit from within the EEA were still Spain and Portugal with Italy now featuring among the list.

The shift in candidate profile from a nurse with experience to a newly qualified nurse is important to consider when looking whether the available supply in the EEA is appropriate for an employer to recruit. A nurse, like any health professional, who has just exited from training and not worked as an accountable healthcare professional requires a period of support in their first role as they consolidate their learning into practice – in the UK we call this preceptorship.

Entering a different healthcare system from the one in which you have trained to undertake your first role as an accountable healthcare professional is a very challenging situation and not suitable for everyone and this has led to many candidates applying for positions or being shortlisted for interview but not offered employment.

Through this review we would urge MAC to look beyond just availability of supply to availability and suitability. It is essential that employers only recruit individuals who demonstrate their ability to be able to practise as a nurse in their organisation and standards must be encouraged to be maintained.

Any new employee who has trained outside of the UK system will require a period of enhanced induction, supervision and pastoral support – regardless of clinical experience – and this is a given. This is different from the preceptorship programme required for newly qualified staff.

To help understand the changing EEA market we asked NHS organisations to tell us how successful recruitment campaigns had been against plan. Over the last 12 months (up to November 2015):

- 68 per cent of EEA recruitment campaigns have been unsuccessful at sourcing the required numbers of nurses although 10 organisations managed to recruit more than planned.
- In contrast, 67 per cent of non-EEA recruitment campaigns have been successful at recruiting the number of planned nurses.

Looking forward into the next 12 months of the 5273 appointments planned through recruitment outside of the UK, employers are planning to fill just over 60 per cent through non-EEA recruitment.

This demonstrates employers’ commitment to utilising a range of options to fill the shortage gap - only using EEA and non-EEA recruitment to fill a proportion of vacancies. It also shows that EEA based activity is not sufficient on its own and non-EEA recruitment is essential if the numbers required can be recruited and employed.
2. What are the factors driving current demand for non-EEA nurses and are these factors temporary or more structural?

The factors driving the demand for additional nurses are both structural and temporary and include:

- population growth and an ageing population with significantly enhanced health and care needs: structural
- post-public inquiry into Mid-Staffordshire NHS Foundation Trust and changes to policy, standards, regulation and inspection: structural
- significant reductions to nurse training commissions between 2010 and 2013, prior to publication of public inquiry, cited above: temporary
- expansion of health visitor workforce by almost 4000 FTE from 8092 in May 2010 to 12,077 by March 2015. This factor was compounded by not adjusting the pipeline into nurse training to compensate for the increase (to enter training to be a health visitor candidates are either a registered nurse or midwife): temporary
- change in roles of nurses to undertake more advanced practice, prescribing, provision of phone line service: structural
- ageing nursing workforce: structural.

Within the EEA labour market there are additional economic factors which are both structural and temporary and are influencing the decisions of employers to combine EEA based recruitment with non-EEA recruitment, or solely use non-EEA recruitment.

- Post-financial crisis (2008+) led to significant reduction of nurse employment opportunities in some EEA countries. This led to individual experienced nurses actively seeking employment in UK or other EEA countries on an interim basis whilst economy in their home country recovers. Many employers found that individuals were intending to return home within two years.
- Activity in other EEA countries: for example Germany is actively recruiting from within and outside of the EEA to fill their nursing requirements and Ireland have a campaign to encourage nurses back to Ireland.
- Supply of nurses within the EEA: In the November 2015 survey we asked employers how many nurses they had planned to recruit from within the EEA over the last 12 months and how many offers of employment had been made. Collectively NHS organisations who responded were looking to appoint 3793 nurses and were able to offer employment to 2980.
- Future changes to professional registration requirements: From 2016 all EEA qualified nurses will be required to undertake the IELTS test, as non-EEA qualified applicants are already required to do. When this requirement was introduced by the General Medical Council (GMC) 45 per cent were unable to meet this requirement. There is an expectation that the tougher language competency controls will further reduce the number of nurses from the EEA.
3. What has been the impact, if any, of the monthly limit on RCoS allocation being reached? Have you had any RCoS rejected? If so, how many and what have you done to address vacancies?

In our 2015 submissions to the MAC looking at the review of tier 2 and salary thresholds we identified the difficulties being experienced by employers who were looking to recruit nurses from outside of the EEA.

Attached as appendix 4 are our letters compiled between June and September 2015 outlining the challenges employers were facing from being unable to secure restricted certificates of sponsorship for nurses. There are financial and quality impacts to not being able to secure enough staff to provide high quality patient care. Employers have also told us the inability to fill vacancies has impacted on staff morale and at a time when they are actively looking to address issues and improve retention, being unable to recruit quickly can make this harder.

The timeframe for recruiting a nurse from overseas can range between six and 12 months and is made up of a number of component parts. The visa and professional registration processes are the two components which can add significant delay to the planned timetable.

Some organisations experienced delays of five months during the summer of 2015 before they could secure a restricted certificate of sponsorship with others obtaining small numbers of certificates which enabled them to progress the applications for professional registration with those candidates.

SUPPLY OF NURSES

Demand for skilled nurses in the UK is exceeding the available supply from within the UK and EEA. Although significant recruitment activity has been undertaken over the last two years our 2015 survey shows a vacancy rate of ten per cent. Employers are fully aware of the NICE guidance which indicates the vacancy rate should be half this at five per cent and are actively looking to address the gap through using a range of actions.

4. What are the challenges faced in recruiting nurses generally? Why is this?

There are challenges for employers in recruiting sufficient numbers of UK trained nurses due to demand exceeding supply. Many employers are seeking to offer final year students conditional offers of employment several months in advance of completion of the course. There are currently more employment opportunities than students exiting courses and so this leaves employers with needing to look at other options.

Outside of the UK based training programmes there are limited opportunities to increase the overall supply of the nursing workforce. Overseas recruitment provides one option in which to do this.
Over the last 12-18 month employers have told us that it has become more difficult to recruit from within the EEA. This is both in terms of the overall numbers of nurses looking to relocate elsewhere in the EEA and that a high proportion of those available have yet to undertake any nursing practice in their home country and so would be entering the UK straight from qualification.

There is supply available from outside of the EEA. The change in NMC registration process and availability of restricted certificates of sponsorship this method has been both costly and lengthy for employers to date. Placing adult nursing on the shortage occupation list would make a positive impact on the recruitment timeframe.

In our November 2015 survey we asked employers how many nurses had offers of employment and when they expected them to be ready to travel to the UK to be able to start work (the nurse had passed the language test, obtained a visa and have passed the NMC computer based test). It showed:

3273 candidates from outside of the EEA currently have an offer of NHS employment.

- 30 per cent of these candidates will have passed the NMC CBT and be ready to travel to the UK between January and March 2016
- A further 50 per cent should have passed the NMC CBT and be in a position to travel to the UK from April 2016 onwards.

Employers told us that the delays in obtaining RCoS between June and October 2015 was a significant factor in individuals still not being able to travel to the UK.

Inclusion of adult nurses on the shortage occupation list beyond February 2016 would provide some certainty to this part of the process and enable individuals who have been offered employment to progress with the other requirements in parallel. This should reduce the length of time it is taking to progress for offer of employment to arrival in the UK to sit the NMC Objective Structured Clinical Examination, and start work.

5. If there is a national shortage of nurses, the relative pay of nurses would be expected to rise. Has this happened? If not, why not?

Pay is an important factor when looking at recruiting and retaining staff, although the evidence shows it is not the sole factor in determining whether an individual chooses to stay or leave a post.

Within the NHS, we use a nationally agreed pay, terms and conditions framework, AfC. This has specific pay ranges or bands and a job role is matched to a pay band according to the outcome of job evaluation process. This enables the NHS to apply equitable practice to all, regardless of where they have been trained.

In addition to the nationally agreed pay scale there is the flexibility for local employers to use local recruitment and retention premia. This could support particular challenges by using additional pay where there is evidence that pay would help resolve the recruitment or retention problem.
Employers have been exploring and using options available to best meet the desired outcome. Our November 2015 survey has shown that 40 respondents were looking at using recruitment/retention premia to support recruitment and retention of staff and that 50 per cent are using employee compensation strategies to support staff retention. Reward and recognition schemes include financial and non-financial elements.

We have looked at the data available on local recruitment and retention premia and found that between April 2014 and April 2015 the percentage of all qualified nursing, midwifery and health visiting staff receiving a recruitment and retention premium fell from 3.1 per cent to 1.6 per cent. This would appear to indicate that employers have not found the use of pay premia to be effective in resolving the supply problem. (See the caveats relating to this data in the notes at the end of the submission).

As the current shortage of nurses is a national shortage we believe that using local pay premia to attract individuals to move between NHS organisations or between social care and the NHS is not an appropriate use of public funds and does not resolve the underlying problem of insufficient supply available across the NHS, health and social care provider sectors.

It is likely that using pay premia will drive unnecessary turnover and ‘churn’ in the system which creates more cost for employers and contributes to difficulties in recruiting staff and achieving the level of team stability required to perform as an effective team – this is important as effective teams have a direct impact on quality of care.

In addition, the work undertaken by Frontier Economics (Europe) for the NHS Staff Council in England in 2014 looked at whether the high cost area supplement (HCAS) system needing changing. The MAC may find the detail within the report helpful.

In summary, they found that there was no strong evidence to suggest that local recruitment and retention issues would be improved systematically by changing the current HCAS system. To the extent that pay is an important driver, more local flexibility may be preferable to increasing the complexity of a centralised system.

Outside of using pay supplements we know from our November 2015 survey that 60 NHS organisations have used planned overtime to manage some of their vacancies which carries an overtime rate of pay. Most organisations use a staff bank to fill shifts, many of those on the bank also hold full or part time employment in the NHS.

We have also seen the use of agency staff increase significantly throughout 2014 and 2015 and this can be seen as a proxy for an increase in pay. We are aware that the submission from Monitor/NHS Trust Development Authority will be covering the specific data on agency spend and action being taken as they are taking forward this work across the NHS provider sector.

6. **What are the issues around retention of nurses?**

Retention is complex and the reasons why people may choose to stay or leave a role can be largely personal and driven by a range of personal factors. Clearly, ensuring individuals are recruited into a suitable role, that they are supported, have clear objectives, feel valued and suitably rewarded for the role is critical.
Ensuring we retain nurses in the profession, wherever possible, is essential. We are not in a position to be able to source skilled healthcare professions from other sectors as is the case for many other types of industry.

Within NHS Employers we look at retention supporting the overall supply through two lenses. First at a national level and then at a local level.

There are nurses employed in many different settings all contributing to the delivery of health and care services. They may be within the NHS, independent health sector, social care, local government, voluntary sector, military or education. Nurses will move between employers in any one of these sectors or between sectors and this is to be encouraged if we are to see nurses develop professionally, challenge practices, bring new ideas to teams and create a talent pipeline of nurse leaders.

Movement between employers will show as turnover however we would argue that the individual is still within the profession contributing to the many parts of the service which are required to work together if patients are to receive the care they need, when they need it – when nurses between posts the overall supply of nurses has not increased or decreased, the gap has just moved to another part of the system. We call this churn.

At a local level, large amounts of churn can be costly and as stated earlier, contribute to difficulties in recruiting staff and achieving the level of team stability required to perform as an effective team – this is important as effective teams have a direct impact on quality of care.

Throughout 2015 NHS Employers has been working to support NHS organisations with their efforts to understand their data on turnover and take action to address issues.

As part of our workforce supply programme we have held four events to date with two additional dates to follow in February and March. The events have attracted representatives from all types of NHS organisation and have focused on managing agency use, attracting and retaining talent, using data and technology to support managing your workforce, retaining staff – staff experience; retaining staff – through the generations and good practice recruitment. The events have shown examples of practice from different NHS organisations and can be found on our website.

In the NHS we undertake an annual NHS Staff Survey which looks at staff perceptions of line manager support, staff experience, health and wellbeing, and the results are used to inform national and local areas for action. The last published data, February 2015, showed growing pressure on those working in the NHS but that the vast majority of staff remained positive about their work and the service they provide.

To support the NHS there are key programmes of work, supported or co-ordinated nationally to improve staff health and wellbeing, reduce stress and burnout, improve staff engagement, tackle bullying and promote flexible working.
Employer actions to support retention

We know that employers are involved in a substantial amount of work to support retaining staff through understanding why people are leaving and taking action where needed.

146 of the 147 NHS provider organisations told us they were taking some form of local action.

- 94 per cent (138 NHS organisations) focusing on recruitment strategies
- 91 per cent (134 NHS organisations) are looking at working environment strategies
- 88 per cent (129 NHS organisations) are looking at strategies to support employee development.

From our survey we know that:

- 74 per cent (109 NHS organisations) have a turnover rate of less than 15 per cent
- 65 NHS organisations reported a turnover rate of between 0-11 per cent.

All of the action employers are taking to improve the workplace environment and support individual development is critical and good employment practice. What the turnover figures show us that even with improvement in this area, without overseas recruitment employers will still have large numbers of unfilled posts.

7. Do some areas of the UK experience a shortage of nurses while others do not? If so, what are some areas doing that others are not?

Employers in all parts of England, in all types of NHS organisation have been reporting for the last two years that there is a shortage of nurses.

The November 2015 survey data reinforces what employers told in January 2014. The latest data shows that 93 per cent (137 NHS trusts) of respondents are experiencing registered nurse supply shortages. Shortages are reported from all parts of England.

The number of vacancies varies by organisation however 51 per cent of respondents have more than 60 FTE vacancies and a quarter of respondents have in excess of 120 FTE vacancies. In some regions the vacancy rate reaches 18 per cent.

Within nursing 78 per cent of all reported ‘hard to fill posts’ are in adult nursing. Colleagues in the independent health and social care sector share this position.

22 per cent of all hard to fill posts are in the fields of learning disabilities, mental health and children’s nursing.

Adding adult nursing to the shortage occupation list would recognise the problem exists and help to alleviate the current challenges in trying to recruit adult trained nurses from overseas.
8. Are there specific nursing specialties that are held to be in particular shortage and what evidence is there for shortage?

Within the four fields of nursing practice we then analysed the specific clinical areas employers were seeking to recruit and by pay band.

The table on page 17 in appendix 1 shows the breadth and range of clinical areas with long standing and high numbers of vacancies.

The adult nursing route, which is the route into many different nursing roles, has a high number of vacancies listed in over 25 clinical areas of practice. The most common being theatres, accident and emergency, surgical, medical, elderly and critical care.

In children’s nursing, the areas of provision range from hospital ward based childrens nursing to community based provision, neo-natal and emergency and surgical care. Most vacancies are at band 5 and band 6 with a smaller number at band 7.

In mental health nursing there are vacancies in inpatient and community settings, supporting children, adults and elderly and prisons. All reports except one were citing vacancies at band 5 and band 6.

In learning disabilities most care is provided within the community. Roles at band 5 and band 6 are in shortage.

SENSIBLE

The size of the gap in the nursing workforce means that there are a number of strategies and actions that need to be in place, operating in parallel, to be able to reduce the gap for the medium to longer term.

National and local action to increase nurse training places, maintaining the nationally co-ordinated return to nursing practice programme and local action on retention are all important pieces of work that will need to continue if the vacancy rate of ten per cent is to move towards five per cent over the next four years.

For employers, the only way in which to increase the overall supply in the immediate term is to use overseas recruitment – within the EEA and critically outside the EEA.

To see whether it is sensible to source adult, children’s, mental health and learning disabilities nurses from outside of the EEA we have looked primarily at whether the scope of nursing practice is recognised by the UK regulator – the NMC – and if, so whether there is a supply of individuals able to fulfil the types of vacancies we have in the UK.

Currently, the way in which nurses from outside of the EEA are trained means that the only field which the NMC recognise is adult nursing. Even if an employer can find a suitable individual to undertake a role in mental health or children’s nursing it is highly unlikely that the qualifications would be recognised to gain registration to practise in the field of nursing in the UK. Therefore we are suggesting that it is not sensible to include mental health, learning disabilities or children’s nursing on the shortage occupation at this time.
There are not sufficient numbers of UK resident workers leaving training and education to fill the current vacancies. Placing adult nursing on the shortage occupation list would not have a negative impact on the employment opportunities for UK trained nurses.

The recent decision to cease centrally funding nurse training places does provide employers with the opportunity to move to a much desired place where supply can meet demand.

Increasing training places will require increased employer provided placement capacity and skilled supervision – the fewer vacancies organisations have the easier it is to provide high quality training and supervision to the next generation of UK trained nurses. Using overseas recruitment to fill gaps in the immediate term allows this work to go forward in parallel.

We would expect to see the results from this policy change from 2020-21 onwards. In the meantime, the recent smaller increases to training places, also welcomed by employers, will start to filter through in small numbers from 2017.

As stated previously, the majority of the vacancies in the NHS are for adult nurses at AfC band 5. A decision to add adult nurse to the shortage occupation list would not limit the opportunities for UK trained nurses to access career development and progression, move into band 5 posts in different areas of practice to build experience or progress into band 6 or 7 roles.

Employers see the following benefits and increased value by being able to recruit enough staff to deliver the care required to:

- reduce the reliance on agency staff to fill gaps in rotas when what is needed is a person to join the team and undertake all aspects of the role
- enable employers to create stable teams who can offer consistent, high quality care to patients
- contribute to improved health and wellbeing, staff morale and motivation and reduce stress and burnout of current workforce
- contribute to delivering timely access to care and treatment for patients: this may mean someone can return to work after illness or surgery quickly
- contribute to the overall health and wellbeing of the population including improving health outcomes which enable the population to stay active, self-sufficient and independent.

Through our engagement with the MAC on the review of tier 2 earlier in 2015 we suggested that if nursing was included in the shortage occupation list employers would be happy to review this each year to confirm whether it was appropriate to remain on the list or be removed. This position remains.

9. To what extent can existing nurses be re-trained to do the jobs of specialist nurses who have left?

There may be some cases where an employer seeks the specific skills of a nurse who has qualified overseas to work as a senior nurse or specialist in for example palliative care or haematology.
For the purposes of this MAC review we would suggest that although there are shortages at this level of seniority AfC band 7 and above it may be more sensible and appropriate to support UK based nurses to develop their scope of practice, experience and competence to be in a position to undertake higher graded senior or specialist nursing roles. They would not require re-training but additional support to develop their experience, relevant skills and competence.

If we are to ensure there is sufficient supply in the pipeline we need to increase the supply at a junior level. This can be more easily achieved through using overseas recruitment to fill vacancies at AfC band 5 and 6.

10. To what extent are migrant nurses adequate substitutes for experienced nurses?

Employers are not seeking to recruit nurses from overseas as substitutes but as additions to the current workforce. Each individual has a skill set and level of experience which is valuable to the NHS and has been tested through a rigorous recruitment and selection process.

As mentioned previously, on the whole nurses from overseas enter the UK with a level of experience which provides the confidence to be able to move to another country and practise in a different health system.

In some circumstances an employer may recruit a senior or specialist nurse into a role which attracted for example a band 7 salary. However in most cases it would be usual for the employer to train and develop individuals from with the UK based labour market and then backfill the more junior graded role.

11. To what extent could shortages of nurses be addressed by the numbers of nurses who could re-enter the profession if they were incentivised to do so?

The return to practice programme has been running for just over 12 months and has been a valuable addition to the work on increasing nurse numbers. From HEE data we can see that from September 2014 to October 2015 it appears to have a high completion rate however small numbers mean that this will only play a small part in bridging the gap of over 21,000 vacancies nationwide.

- Total started - 1901
- Total completers (in employment or awaiting registration to start) - 1242
CLOSED REMARKS

This submission on behalf of employers in the NHS provides evidence and new data to support our position that adult nursing meets the shortage and sensible test.

We believe that the on-going nurse supply problems being experienced by employers across the country, in the NHS and in the wider health and social care system, can only be alleviated in the short term through using overseas recruitment.

The scale of the shortage across all parts of the profession and across the country demonstrates that nursing is in shortage.

Our review of the shortage in all fields of nursing against the sensible criteria has led us to recommend that only adult nursing meets the criteria.

We are recommending that based on the available evidence – adult nursing is added to the shortage occupation list.

We would be happy to discuss any element of this evidence with the committee as you review your evidence. Please contact Caroline Waterfield or Rachel Thresh at NHS Employers.

To note

The reference to recruitment and retention premia in question five must be read with the following caveats:

A. Estimates have been derived from the NHS Employers’ analysis of ESR data warehouse data as at April 2014 and April 2015 for all organisations in England except two who do not use ESR. Percentages with denominators of less than 10 have been suppressed.

B. Data cleaning processes are applied to the ESR extracts before use.

C. Staff receiving an RRP are defined as those with a positive payment recorded in either of the general or long term RRP fields of ESR. RRP’s may be recorded in other payment fields in ESR but these are not identifiable from the ESR data warehouse.

D. Analysis applies to staff who have a valid recorded AfC band and spine point only. Very senior managers are excluded from the analysis.